

# MEDICAL WORLD NEWS

OCTOBER 7, 1960

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- ▶ His responsibility to his profession
- ▶ His responsibility to society
- ▶ His responsibility to himself

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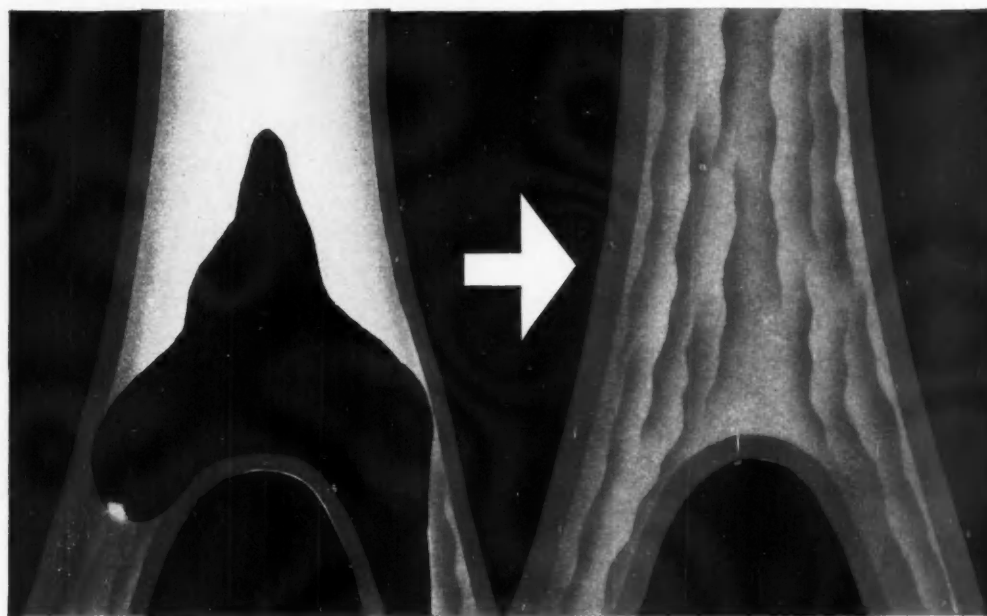
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THE NEWSMAGAZINE OF MEDICINE

# MEDICAL WORLD NEWS

OCTOBER 7, 1960

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# LATE NEWS

## NEW SYNTHETIC PENICILLIN SUBDUES STAPH INFECTIONS

*Staphcillin*, a new synthetic penicillin, overcomes staph infections resistant to penicillin-G, according to preliminary clinical tests carried out by 11 different teams.

Findings reported at a special conference at the State University of New York College of Medicine, Syracuse, add up to "an almost fabulous record," according to conference chairman Dr. Paul A. Bunn of the Upstate Medical Center. The 11 teams tried the new drug 2,6-dimethoxyphenyl penicillin, made by Bristol Laboratories, in a total of 160 hospitalized patients with resistant staph infections. Among the conditions were subacute bacterial endocarditis, osteomyelitis, pneumonia, meningitis, septicemia, bacteremia, bacteriuria, enterocolitis, furuncles, abscesses and other soft tissue and postoperative disorders. In 100 cases the disease was considered serious.

Given parenterally in doses of 4 gm

or more daily, *Staphcillin* produced "excellent" results in 79 per cent of the cases. Side reactions consisted of swelling and rash at the site of injection in six patients.

In only one case was there any evidence of severe penicillin reaction to the synthetic drug, although Dr. David Rifkin, National Institute of Allergy and Infectious Diseases, cautioned that reactions may be expected. Some of the clinical teams gave the synthetic to penicillin-sensitive patients; they found no sensitivity to *Staphcillin*.

Although the investigators themselves disagreed over whether any resistance to the new drug will develop among staph organisms, Bristol Laboratories said *Staphcillin* does induce penicillinase formation (a major factor in penicillin resistance) but it acts as "a poor substrate."

Speakers concluded that when the drug becomes available within the next few months, it should be used against staph infections resistant to penicillin-G.

## STUDY OF 20,000 SPINALS BACKS USE OF TECHNIQUE

Spinal anesthesia has been unfairly criticized say three doctors who studied 20,000 consecutive spinal over a ten-year period.

Only 24 instances of neurological complications due to the technique were found in the series, according to a report by Drs. Max S. Sadove and Myron J. Levin, University of Illinois College of Medicine, and Dr. Irene Sejdinaj, anesthesiologist, Veterans Administration Hospital, Hines, Ill.

Of the 24 complications, nine were persistent headaches lasting a week or longer, but with complete recovery. The remaining 15 included six cerebrovascular accidents within ten days of anesthesia in arteriosclerotic older patients, and four cardiac arrests. In three of the cardiac arrests, the team noted, the patients were moribund and should not have received spinal.

"It is our definite impression that this is the safe and recommended technique for administration of necessary anesthesia for surgical conditions below the level of the diaphragm and where definite contraindications . . . do not exist," the physicians conclude.

## MDs SCORE SOME GAINS IN 86TH CONGRESS

Physicians' final score on the 86th Congress: some pluses, some minuses, and a lot of unfinished business. Big plus, of course, is the victory of the anti-Forand forces in the battle over health care for the aged. The final bill, now signed by President Eisenhower, simply provides extra Federal public assistance grants to help finance state care programs for the *needy* aged. On the minus side: continued rejection of Federal aid for medical school construction and pigeonholing of the Keogh bill to give the self-employed a tax break on cash paid into retirement plans.

The segregation issue, as usual, was the main stumbling block on the school aid bill, although lack of effective political pressure was also an important factor. The Keogh bill's chances faded fast in the post-convention session in the face of AFL-CIO opposition, presidential politics and the crush of other business.

A new surge in Federal research spending is guaranteed. Eisenhower

## NERVE BLOCK TECHNIQUE AIDS SEVERE BURN HEALING



**BURNED HANDS** show result of nerve block (left hand) compared to analgesics (right).

Brachial plexus and cervico-thoracic blocking has been used successfully to manage severe burns. It may also prove useful in treating frostbite and fractures.

Dr. Stefano Brena, chief of anesthesia at Mauriziano Hospital, Turin, Italy, treated 70 cases of severe burns with nerve blocks; 70 others, used as a control group, were given narcotic analgesics for relief of pain.

Healing among the nerve-block group was significantly faster: 61.4 per cent healed within 10 days,

whereas only 18.5 per cent of the control group healed in the same period.

None of those treated by nerve block developed hypertrophic scars or other local complications requiring skin grafts, Dr. Brena reported to the Second World Congress of Anesthesiologists in Toronto. In the control group, 4.2 per cent required skin grafts. He also noted fewer renal complications in the nerve block group—only 4.2 per cent as compared with 20 per cent in the controls.

reluctantly signed the HEW appropriation calling for a record-smashing \$560 million for NIH. This is \$160 million over this year's budget. Also included in the bill: \$186 million for hospital construction. In addition, Ike has signed bills to promote international medical research, to provide greater labeling protections against hazardous substances, to ban any known or suspected carcinogens from color additives, to authorize an extra \$50 million in loans for college housing (including intern and nursing facilities at hospitals).

#### UK TRAINS BLIND PERSONS AS PHYSICAL THERAPISTS

Great Britain is training blind persons to become physical therapists—1) to give the blind a useful occupation and 2) to help fill a growing demand for therapists.

At present, 300 ex-students of the Royal National Institute for the Blind, School of Physiotherapy are employed as therapists, according to Dr. Clive Shields, senior medical officer.

Teaching methods include lectures, manual demonstrations, instruction in special equipment and devices fitted with Braille numerals, tape recordings and an extensive Braille library. After training, all blind physical therapists quickly find employment.

#### NEW ANTISCHIZOPHRENIC DRUG CALMS CRIMINALLY INSANE

Criminally insane patients are said to respond favorably to a chemical found in both black pepper and the human brain. The chemical, cyclopentimine, was developed into a tranquilizing drug by Dr. Leo G. Abood, of University of Illinois College of Medicine, Chicago.

Tablets of cyclopentimine were given in ½ gm doses three or four times a day to 100 criminal paranoid schizophrenics who failed to respond to other medication. The drug, which has a calming effect without disturbing motor function, elicited great improvement in 50 per cent and moderate improvement in 25 per cent. These hard-to-handle and hard-to-reach patients became more sociable, more organized, more manageable and less hostile, Dr. Abood said. Cyclopentimine was supplied for investigational use by Abbott Laboratories, Chicago.

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## A LETTER FROM THE PUBLISHER

*"In only one respect has there been a decided lack of progress in the domain of medicine. That is the time it takes to become a qualified practitioner. In the good old days a man was turned out thoroughly equipped after putting in two winter sessions at a college, and spending his summers in running logs for his sawmill. Now it takes anywhere from five to eight years to become a doctor."*

A note of deep seriousness underlies this ironic observation by humorist Stephen Leacock. This business of spending a half-dozen or more years to accumulate a medical education has served to create one of the great crises of our time: *With each succeeding year the shortage of doctors becomes more marked, and the need for doing something drastic about it becomes more apparent.*

\* \* \*

In this modern world, nations use every resource of publication and propaganda to bring their message to the favorable attention of millions. Business enterprises and industries seek public acceptance of their products by every device of advertising and public relations.

Are there not equally efficient measures, for attracting the best young men and women to the medical profession? Does the physician need to lean so far backward in modesty about his profession that young people get the impression medicine is "too tough a racket," too unrewarding, too time and effort consuming?

\* \* \*

The answer to the first question is clearly yes. The answer to the second question is clearly no. As a friend of the medical profession, I know that medicine is significant, satisfying, rewarding work. And I would like to see this message broadcast—to help find ways of encouraging young men and women to start on the path of medical practice, to broaden the opportunities for scholarships and student loans, to help doctors instill in their sons and daughters the countless advantages of carrying on in the tradition of their fathers.

MEDICAL WORLD NEWS intends to give unstinting support to this cause. In future issues we will outline some of the measures we believe can be taken to keep the growth of the medical profession in step with the growth of the American people.

*Maxwell M. Geffen*  
Publisher

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October 7

# OUTLOOK

- Compulsory health insurance gets campus airing
- Forgetting "Wet Diaper Test" can be expensive

**Debates about compulsory health insurance schemes** aren't confined to the halls of Congress. College students are getting into the act, too. All over the U. S. they're preparing to debate this year's proposition: "Resolved: The United States should adopt a program of compulsory health insurance for all citizens." Undoubtedly, these debates influence a wide audience. The Speech Association of America, which sets up debate topics, serves some 1,500 U. S. colleges and universities.

**You may be heading for trouble** if you fail to perform the "Wet Diaper Test" on your infant patients. A New York doctor faces malpractice charges because he failed to run this test for phenylketonuria (PKU)—a cause of severe brain damage.

Here's the test (it becomes positive in the second week of life): Add 1 drop of 10 per cent aqueous ferric chloride to the diaper wet with urine. If a bluish-green color appears in a few seconds, PKU is present. If not, the diaper will retain its yellow stain. Infants with a positive test should be further evaluated with phenylalanine blood determination before treatment is initiated.

**Fund-raisers out to get medicine's official O.K.** may not find it easy in at least one state. The Florida Medical Association is now looking into the qualifications of private health groups soliciting funds from Florida citizens. To rate the doctor's approval, the money-raisers are first going to have to answer some pretty pointed questions: "How much of the money you collect will you spend locally? Will you agree to follow FMA suggestions on medical and research matters? Is your proposed research into a particular disease justified by the number of people afflicted with that disease? Are your goals realistic, your administrative costs reasonable?"

**Another merger in the pharmaceutical industry is in the making**, this one involving Indianapolis' 62-year-old Pitman-Moore company and giant Dow Chemical: The merger met with the approval of the firm's directors. All that remains to complete the deal is ratification of the proposal by stockholders of Allied Laboratories, Inc., the Pitman-Moore parent company.



DR. HELENE W. TOOLAN

In a provocative series of cancer studies, investigators at the Sloan-Kettering Institute for Cancer Research, N. Y. have just:

- ▶ Isolated a virus that is regularly found in human cancers grown in laboratory animals but is not found in animal tumors nor in normal tissue of lab animals.

- ▶ Found repeatedly that the virus is present in the liver and spleen of terminal cancer patients but so far has not been found in similar tissues from patients dying from other causes.

- ▶ Observed that this factor consistently causes a unique osteomyelitic disease in hamsters that also has implications beyond the cancer field.

A report of this study is now being made in the *Proceedings of the National Academy of Sciences*. The report comes from Sloan-Kettering's Drs. Helene W. Toolan, Gilbert Dalldorf, Marion Barclay, Satish Chandra and Alice E. Moore.

Commenting on the significance of the work, a spokesman for the team says: "A viral agent has been found which is intimately associated with human cancer. The virus can be readily demonstrated and easily identified by the unique disease it causes in newborn hamsters. Now the problem is to prove whether or not the agent causes cancer. If a causal relationship is established, this virus opens up enormous new avenues of research."

The study now reported began in

# UNIQUE VIRUS FOUND

New agent, not seen in normal patient

the spring of 1958 when Dr. Toolan, already with a number of firsts in cancer research, was doing a series of antigen studies which involved injecting cell fractions of six transplanted human tumors into rats, mice and hamsters of various ages. Quite accidentally, she found that the injections induced a marked deformity. It resembled human mongolism (MWN, June 3).

Intrigued, Dr. Toolan repeated the experiments. She found that a single inoculation of 0.02 ml or less of any of the human tumor cell fractions, given within two or occasionally three days after birth, produced the mongoloid effect. Furthermore, inoculations given at any stage *in utero* resulted in the same deformity. "For 10 to 14 days after birth it was impossible to tell," Dr. Toolan recalls, "whether or not the babies would develop the abnormality. Then the first signs of the disease became evident—the small size, flat face, exophthalmic eyes, protruding tongue and abnormal teeth."

## Confirming an Unknown

Dr. Toolan then started studies to determine if other tissues contained the unknown factor. She injected 185 newborn hamsters with cancerous liver and spleen fractions obtained from a patient with carcinoma of the liver. Nothing happened. A fraction from the "normal" liver area of this patient was injected into one baby hamster. Within two weeks it showed the deformity.

Subsequently, she discovered that the factor not only was in the first six types of human cancers studied but was recoverable from each of the eight types of transplanted human tumors investigated. (Additional studies now indicate that the virus may be present in all transplanted human cancers.) In no case, however, was it possible to find the factor in a transplanted animal tumor. Nor was it found in the nor-

mal tissues of rats, mice or hamsters.

Studies on the physical properties of the agent revealed that it had certain characteristics of a virus. It was stable in cold, could be destroyed by heat, was readily filterable and was, above all, potent. Inoculation with as little as 0.01 ml of the active principle produced the deformity. Moreover, there were indications that the agent was infectious. Livers of cortisonized rats carried the factor within six days following the implantation of the tumors in the left flank.

At this point, Dr. Dalldorf, the man who discovered the Coxsackie viruses, joined the study. He had just been made head of the Division of Experimental Pathology in which Dr. Toolan works. "The first job," Dr. Dalldorf recalls, "was to establish the identity of the agent which produced the striking deformity in hamsters."

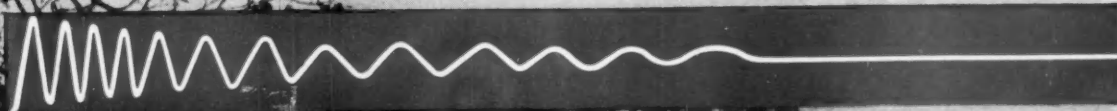
The team soon unearthed a solid clue. Tissues of injected baby hamsters, tested before the "mongolism" appeared, were found to contain the agent and were highly infectious. Furthermore, when continuous passages were made of liver filtrates, the titer of the infectious agent increased, along with its virulence. Animals injected with the agent after several passages died within the first week of life, before the deformity had time to appear. "With this finding, plus the earlier evidence to support it, there was no longer any doubt—a virus was present," Dr. Toolan states.

Histological studies of infected animal tissue proved that the virus primarily has a tropism for bones. "In this respect, too," Dr. Dalldorf points out, "the virus is unique. It attacks bones and teeth. These have not before been implicated in any virus disease." The virus infection in hamsters, Dr. Dalldorf adds, is acute and permanently destroys skeletal and dental structures. The signs of mongolism show up as the animals outgrow their stunted skele-

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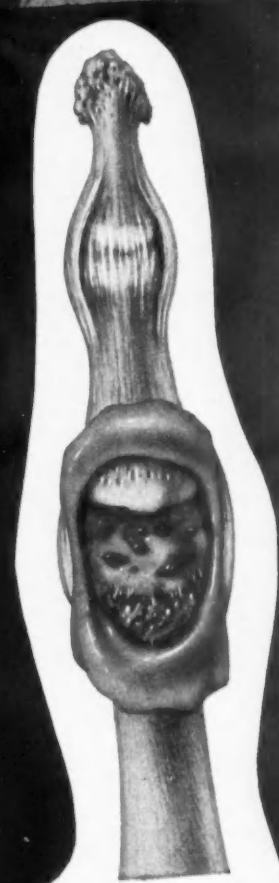
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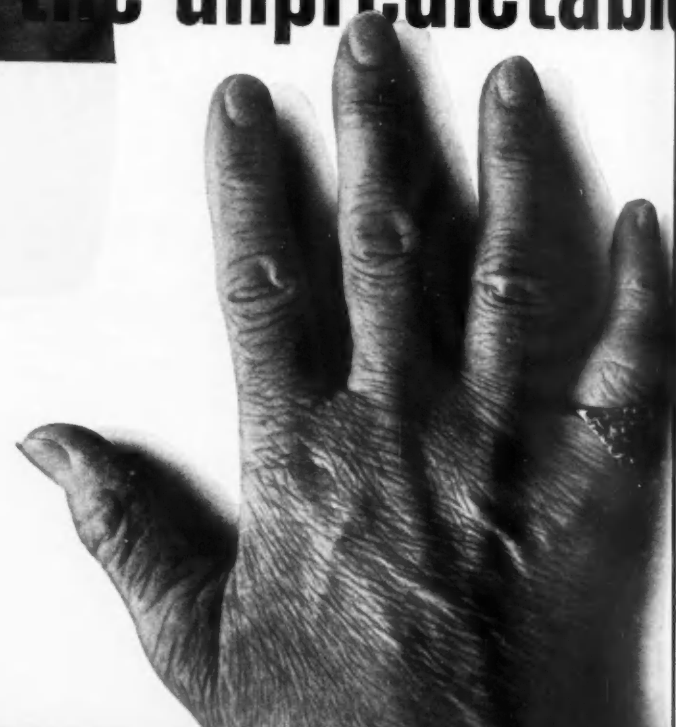
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#### ATTACKS THE INFLAMMATORY PROCESS OF RHEUMATOID ARTHRITIS

*the rapid sedimentation rate, the secondary anemia, the fever, elevated plasma fibrinogen and globulin, and decreased plasma albumin*

Treatment with DECADRON, by reducing or eliminating inflammation, may also be expected to help eliminate fever, reduce the sedimentation rate, correct abnormal plasma-protein patterns, raise hemoglobin values and red blood cell counts.<sup>3,7-10</sup>

#### IMPROVES THE GENERAL STATE AND SENSE OF HEALTH

*The patient is sometimes markedly undernourished and emaciated*

*(Cecil, R. L., and Loeb, R. F.: A Textbook of Medicine, ed. 10, Philadelphia, W. B. Saunders Company, 1959, p. 1366.)*

*thin and asthenic, and very often profoundly depressed.*

*(Ragan, C., in Comroe's Arthritis and Allied Conditions, ed. 5, Philadelphia, Lea & Febiger, 1954, p. 151.)*

The "tonic effect"<sup>11</sup> of dexamethasone often promotes a sense of well-being, leading to improvement in the general state of health, relief of asthenia and depression, restoration of normal nutrition and enjoyment of food.<sup>1,3,11-14</sup>

# blattern of rheumatoid arthritis

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# CHANGING ISSUES OF MORALITY IN MEDICINE



DEBATERS at Dartmouth Convocation pose new moral problems for MDs.

**The physician's traditional role as man of ethics is changed. Today his acts touch all humanity and all generations to come, and he is faced with uniquely difficult problems of conscience**

*"The Western scientific community, great though it is, has not concerned itself enough with the creation of better human beings, nor with self-discipline. It has concentrated instead upon things, and assumed that the good life would follow."* **Loren Eiseley**

**I**n the time of Hippocrates, morality for the physician was relatively simple. He could state its essence briefly: "I will preserve the purity of my life and my art."

For today's physician, a question of conscience is involved in almost every act, whether or not he recognizes it at all times. A fortnight ago, at Dartmouth College, philosophers of science and medicine met to debate some of the great questions posed by the physician's responsibilities—to his patient, his profession, society and himself. In their debate they recognized that the traditional role of the man of medicine has changed; now the circle of his responsibility embraces all of humanity and all future generations.

Their debate—on The Great Issues of Conscience in Modern Medicine—marked the second Dartmouth College Convocation in Hanover,

N. H. It brought together 14 noted physicians, researchers, teachers and authors.

"What we are talking about here, gentlemen, is a matter of 'statistical morality,'" Warren Weaver of the Sloan-Kettering Cancer Center told the panelists in the opening session.

"We may commit an act by which there is a one-in-a-million chance someone will be killed. Although it is a comfort not to know who that one person is, he is just as dead. And suppose this chance becomes one in ten million. The moral issue seems to become much more remote. But applied to the world's population, this means that 300 unknown people will be dead in some unknown place. Every individual is now truly our brother."

Furthermore, the results of a medical decision may be remote not only in space but in time. "To save the life of a child suffering from some hereditary defect is a humane act and the source of professional gratification, but the long-range consequences of this achievement will mean magnified medical problems for later generations."

Ironically, these major questions of conscience result largely from ef-

forts to do good. Thus the problem becomes not just a matter of avoiding evil but of balancing goods. And because of statistical morality, the net effect may be so remote that the present generation finds it difficult to decide either way.

For instance, noted Dr. Rene Dubos of the Rockefeller Institute, "It has been agreed that it is practicable to prevent new tuberculous infections from occurring in this country by administering chemotherapy to spreaders of bacilli. The techniques are available . . . but their application will be costly in funds and personnel. Moreover the program, even if highly successful, will not greatly decrease the burden of tuberculosis in the immediate future; in fact, it will yield divi-

SIR CHARLES SNOW



ends only during the following generation. Thus, the present community has to decide whether it is willing to undertake this huge and expensive task of eradication from which it will derive no appreciable advantage."

"In a totalitarian society which subordinates the welfare of an individual to the abstract concept of the welfare of society as a whole, the answer to the questions would be easy to find," commented George Kistiakowsky, President Eisenhower's special assistant for science. "To us, summary decision is not acceptable and so we seek solutions which necessarily are compounded of ethical, social and scientific considerations."

In fact, the more the physician or scientist makes himself responsible for larger numbers of people, the more he is endangered by the possibility of totalitarianism. Indiana University geneticist Hermann Muller suggested, for instance, that it is theoretically and practically possible to establish stored pools of "superior" genetic material, which could be maintained for years, even generations, protected from man-made mutagenic exposure — and drawn upon as needed.

But, countered writer Aldous Huxley, genetic control can only be accomplished under a totalitarian system. For this reason, we should concentrate on avoiding the most obvious genetic errors and of making the best of the genetic capabilities we already have.

Others disagreed. Dr. Sandor Rado, dean of the New York School of Psychiatry, maintained that we are about to enter upon a new era of biological technology in which it is not only desirable but necessary to determine the quantity and the quality of humanity.

But we must not go too far, some

debaters cautioned. We can't take too much on ourselves in deciding what people in later generations may do with their lives. Genetically speaking, in particular, we must remember that people later on might choose to be different.

"Thus, when faced with a decision which commits the future to one path, or an alternative decision which will leave open several possibilities, could anyone doubt that the second decision is the one to make?" asked Dr. Ralph Gerard of the University of Michigan's Mental Health Research Institute. "We must remember not only that we are our brother's keepers, but we must ask ourselves what we are keeping them for or from."

And, conferees asked, who is to decide whether we want Alexanders or Darwins, Mozarts or Herculeses?

#### Towards 'Extended Conscience'

The physician, of course, must play his role in the decisions. Like other scientists, he is not limited to giving advice as to what means we may use to reach our ends. But the question is: what kind of role?

Sir Charles Snow, British scientist-novelist, puts the burden of decision on the whole scientific community. "We must *not* leave it to society—because we know just a little bit more." But, he adds, scientists must use their "newly extended scientific imagination to enlarge their moral sense." They must develop an "extended conscience—which includes forethought."

Dr. Gerard narrowed the field to the behavioral scientist, and commented: "The more intuitive techniques of the artist—exploited by the salesman, the huckster, the rabble rouser, the evangelist—will be supplemented by the

tested and cumulative techniques of . . . brain washing in all its possible ramifications. But far from seeing this as a black threat upon our freedom and welfare, I see more potential use for good than for evil in this. . . ."

An immediate denial came from Dr. Wilder Penfield, noted Montreal neurosurgeon, who warmly challenged the idea that science can manipulate men's minds—either for good or evil.

"Scientific work on the brain has not yet explained the mind—not yet. Surgeons can remove areas of the brain. Physicians may destroy or deaden it and produce unpredictable fantasies by drugs, but they cannot force it to do their bidding. . . ."

Thus the physician as humanist, not as scientist, is the man to whom Dr. Penfield would pose moral questions.

"The art of medicine with its own peculiar ethics has in it an eternal quality derived from life itself. . . . Physicians look into the hearts and minds of patients and of those close to the bedside at a time when they are most vulnerable.

"But the code of medical ethics is not enough to guide the race of man now moving so swiftly in the stream of social evolution. The meanings for us in the study of nature are not yet clear. . . . Thus we must act in the light we have. Physician and scientist must make reasoned conclusions each for himself, turning from science to look at his own brief life, at his family and at society as it is."

Others agreed that it is impossible to make moral decisions on scientific grounds alone, and would not leave all decisions to scientists as scientists. Said Dr. Dubos:

"While it is possible in theory to

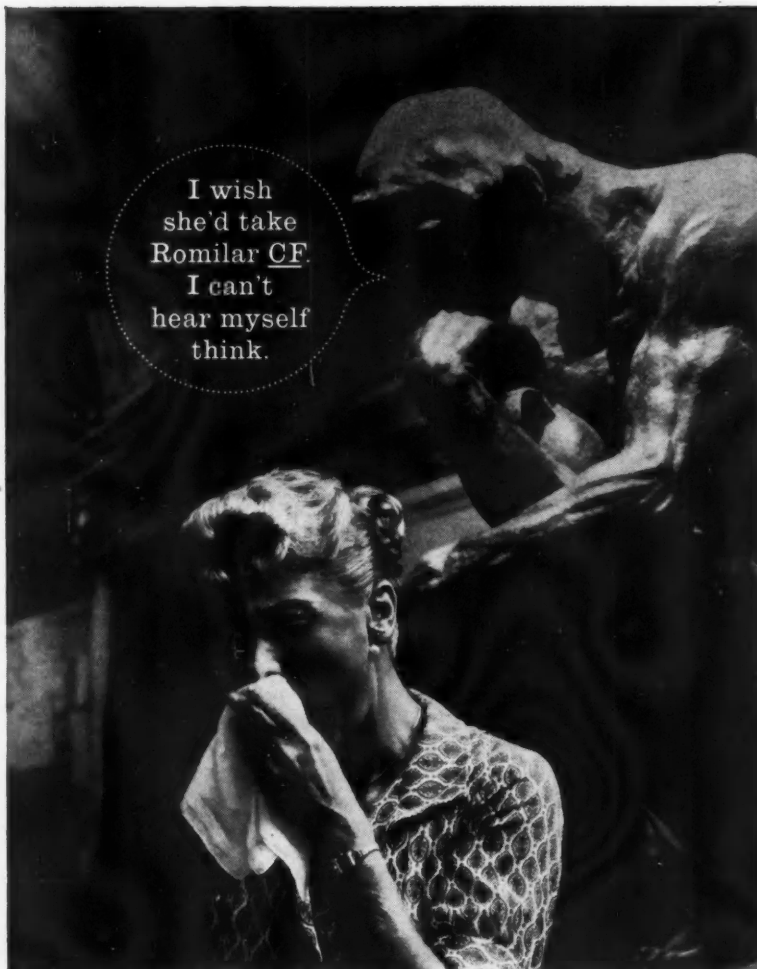
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WILDER PENFIELD

DR. RENE DUBOS

WARREN WEAVER





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#### NEW ISSUES CONTINUED

deal with all the new health problems that will be created by our rapidly changing social and technological order, there will have to be choices, and these choices will have to be made by society as a whole, because they will involve value judgments. More and more, medical science will need to be integrated into social conscience."

But if, as all this suggests, Hippocrates' injunctions are now adequate only for immediate, personal ethical decisions, where may the physician and society turn for guidance in an age of statistical morality?

Ancestral attitudes, answered Dr. Brock Chisholm, Canada's Deputy Minister of Health, must be discarded as an adequate basis for conscience. "Ancestral attitudes are no longer workable because they always led to war—which for the first time in history has now become synonymous with suicide. Our survival in the past has always been by groups as against other groups. Now for the first time in history the unit of survival has become the whole human race.

"The idea that 'the welfare, prestige and prosperity of the group in which I was born is more important than that of the rest of the world' is absurd, but it is the impression many children are getting all over the world. It will no longer suffice."

But Dr. Penfield sees in some ancestral attitudes the only answer to the problems of today and the future.

"Like all other men, physician and scientist would do well to turn to man's ancient faiths. Many a son may see misinterpretation in the religion of his father. But great truths are there, too.

"Let us take then the best conclusions of the past and create a working religion, a faith that will seem reasonable to all men, one they will welcome. . . . The world must have great religious leaders, men who, like Gandhi, will discard no good thing in the faith of Christian or Mohammedan or Hindu.

"As Hippocrates turned from the practice of a profession to a code of ethics, so all men must turn from the rush of life to a reasonable faith. Only an interpretation of religion suited to these times can create in the hearts of the men of every nation a better conscience, make them see that they must love their fellow men everywhere or be destroyed. Only this, I say, can save this foolish, unbridled generation." ■

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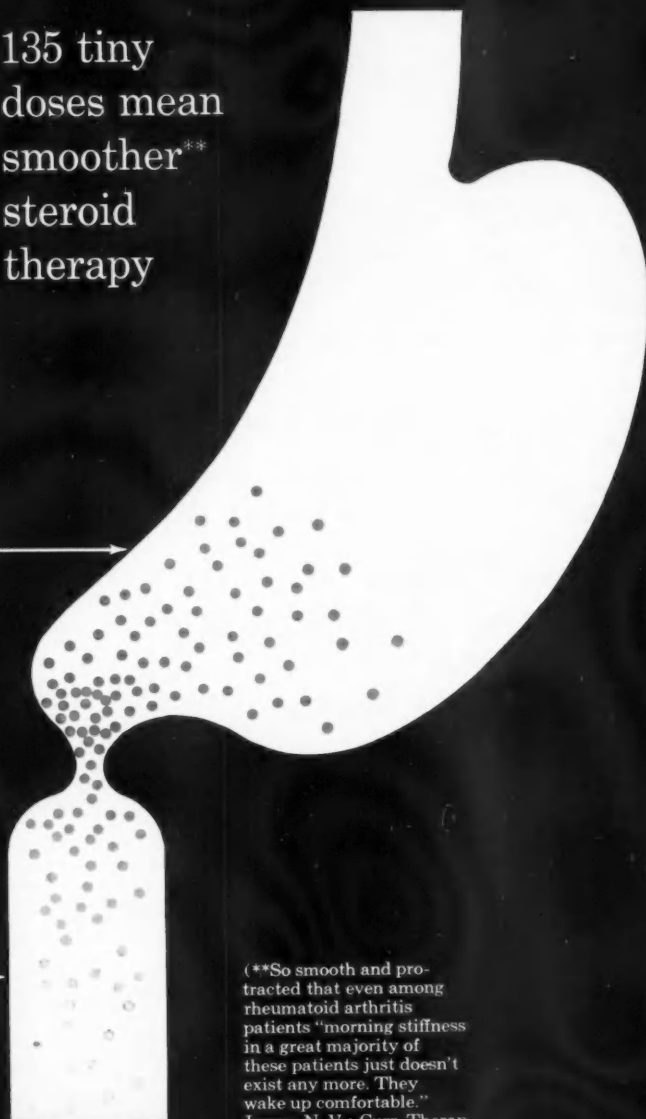
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Iuppa, N. V.: Curr. Therap. Res. 2:177 (June) 1960.)

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**EPIDEMIOLOGIST** Lilienfeld proposes massive study on mammary cancer.

## LUNG AND BREAST CANCER RE-EXAMINED

**Experts at Fourth National Cancer Conference point to rising or static incidence of the two most common forms of cancer**

The two most common forms of cancer in the U.S. received, appropriately, the lion's share of attention from both epidemiologists and clinical investigators at the Fourth National Cancer Conference in Minneapolis, held under joint sponsorship of the American Cancer Society and the National Cancer Institute.

Incidence and mortality for one of the two—breast cancer in women—appears to have remained stationary for at least a quarter-century, it was reported. Based on present population, this means 50,000 new cases and 25,000 deaths annually. Incidence of the second most common form of cancer—lung cancer in men—is rising at a near-exponential rate, with a 95 per cent mortality within five years of diagnosis. The total of expected new cases is now put at 30,000 annually.

In the light of vigorous campaigns of public education in early detection and of high five-year cure rates fol-

lowing prompt resection, it might have been expected that mortality from mammary cancer in women would show a drop. It has not, and epidemiologist Abraham M. Lilienfeld of Johns Hopkins asked why. If survival has been prolonged, as claimed, by early surgery and other therapy, the mortality should have fallen so long as the incidence remained stationary. The evidence is contradictory, said Dr. Lilienfeld. His conclusion, however, is that morbidity from mammary and uterine cancer has been following parallel lines. But mortality from uterine cancer is declining while that from breast cancer remains stationary.

Attempts to explain the varying incidence of mammary cancer within populations have failed, according to Dr. Lilienfeld. Marital status may be a factor, but if so, its working is not understood. Equally unclear is the role of familial susceptibility. Nor has the importance of benign breast lesions in predisposing to carcinoma in the female been established. "Further work in this area is urgently needed," Dr. Lilienfeld said.

To answer many questions about mammary cancer, Dr. Lilienfeld pro-

posed a 15 to 20 year prospective study of 8,000 to 10,000 women, involving periodic gathering of information on the reproductive organs other than the breasts and data on emotional factors as well as benign lesions and seemingly unrelated illnesses. It would be a monumental job, Dr. Lilienfeld admitted, but well worthwhile.

### **Therapeutic Results**

On the therapy of mammary cancer, two prominent investigators offered reports:

► The controversial mammary node resection in combination with radical mastectomy has now been performed in 375 cases at Memorial Center for Cancer and Allied Diseases in New York, with only two postoperative deaths and a 63 per cent five-year survival rate, reported Dr. Jerome Urban. (This compares with rates in other studies of 54 per cent to 59 per cent for both simple mastectomy and the orthodox radical mastectomy.) And the five-year salvage rate with freedom from clinical disease is 57 per cent. Parasternal recurrence is reported in 10 per cent of all medial and central lesions undergoing radical mastectomy at other hospitals; Dr. Urban's group showed none.

► The agent of choice in castrated or postmenopausal mammary cancer patients is still testosterone propionate, said Dr. Albert Segaloff of New Orleans, but the erratic disease should be treated only during periods of its advance. For the first advance following testosterone therapy, he recommended

CONTINUED



**CLINICIAN** Urban cites survival rates.

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Prescribe safe 'ACTIFED' in tablet form or as  
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(While pseudoephedrine causes virtually no  
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should be used with caution in hypertensives;  
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siness, appropriate precautions should be  
observed.)

1. Feinberg, S. M., Feinberg, A. R., and Fisherman, E. W.:  
J. Indiana M. A. 52:2137 (Dec.) 1959.  
\*Adapted from authors' table.



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## CANCER CONTINUED

estrogen therapy, with corticosteroids to follow after resistance develops. Only then does Dr. Segaloff consider the more heroic procedures of adrenalectomy and hypophysectomy.

An abundance of data from a dozen countries now makes it "an established fact" that tobacco smoking causes a significant proportion of malignant neoplasms of the lung, larynx and oral cavity, said Dr. Michael B. Shimkin of the National Cancer Institute. And "if tobacco smoking, at least in the form of cigarettes, were terminated," he added, "the annual mortality from lung cancer could be reduced by more than 60 per cent—a saving of at least 20,000 lives in the United States alone."

Dr. Shimkin continued: "Tobacco is considered neither a food nor a drug, and appears to be immune from all regulations except taxation. Apparently more can be done to protect the public from rat goitrogens in berries and from hepatomas in fish, where the dangers for man are at most theoretical, than from a product with demonstrably deleterious effects for man. Accepting the theory that it is a constitutional right to choose one's poison, does this right extend to children?"

An equally somber note was sounded by Memorial Center's radiologist James J. Nickson who put the five-year survival rate following bronchiogenic carcinoma at no more than 5 per cent. "We have a moral obligation as a profession . . . to explore new concepts of treatment." Noting that chemotherapy with cytotoxic agents, either alone or as an adjunct to surgery, appears to have been unsuccessful, he proposed:

- 1) Try radiation therapy alone, which seems to be as effective as surgery, in cases where early "coin lesions" are detected by radiography.
- 2) Assay the benefits, if any, from combining chemotherapy with radiation. This has not yet been given as extensive a trial as the combination of chemotherapy with surgery.
- 3) Use radiation preoperatively on patients whose lesions are adjudged resectable, and perhaps also in borderline cases where the radiation may destroy cancer in the hilar and mediastinal nodes, and convert an apparently nonresectable lesion into an operable one. ■

# Product News

## TO COMBAT INFECTION

*Declostatin Capsules* (Lederle) furnish two antimicrobials to combat primary infection and to protect against possible monilial superinfection in the gastrointestinal tract. Each capsule contains 150 mg demethylchlortetracycline HCl, a broad spectrum antibiotic effective against tetracycline sensitive organisms, and 250,000 units nystatin, an antifungal agent that has pronounced activity against *Candida albicans*. Indicated whenever intestinal monilial overgrowth is likely to complicate antibiotic therapy, particularly in elderly, debilitated, diabetic, pregnant or pediatric patients, and those receiving corticosteroids. The usual precautions of antibiotic therapy should be observed. Available in bottles of 16 and 100.

## SUTURES À LA RusSE



*Universal Apparatus* can be used instead of hand suturing for certain arteries, veins and nerves. This Soviet-made mechanical stitcher overcomes difficulties of using needle and thread and avoids thrombus formation at the suture site. The device places circular stitches 1) for end-to-end anastomosis of arteries and veins having diameters varying from 2.5 to 7.4 mm and 2) for end-to-side anastomosis when inserting the end of a vein, 3.3 to 7.4 mm in diameter, through the wall of a larger diameter vein. It also places epineural stitches on nerves 2.5 to 4.5 mm in diameter. The unit has a different assembly for each purpose. The *Universal Apparatus* costs \$2,900, but other units, such as one which places sutures on the small intestine, begin as

low as \$60. Delivery takes six to eight weeks, depending on supply. Sole U.S. distributors: Cosmos Development Corp., 45 West 45th St., New York 36, N. Y.

## IN HEMORRHAGING

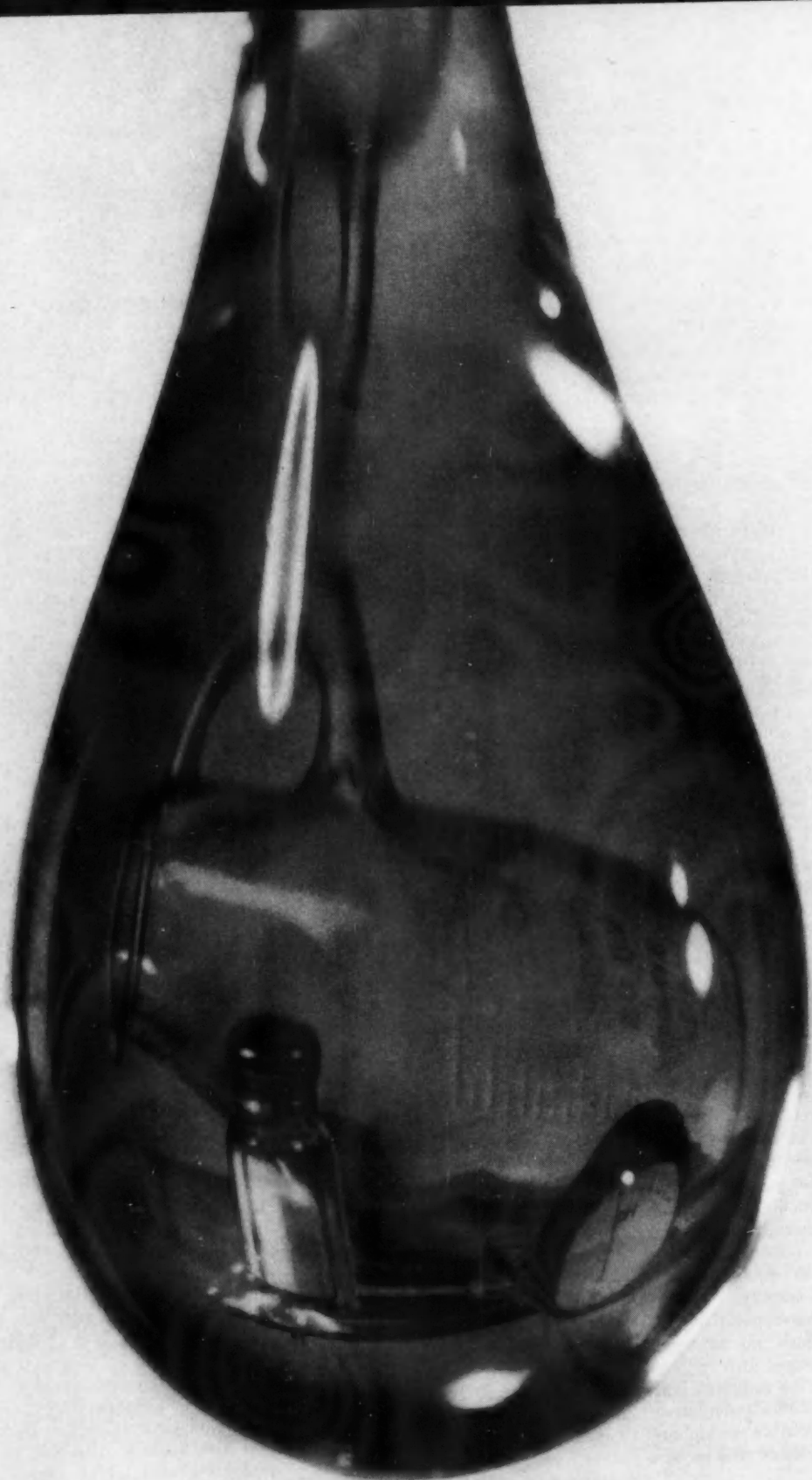
*Injection AquaMEPHYTON* (Merck Sharp & Dohme) supplies an aqueous colloidal solution of vitamin K, to counteract low prothrombin levels in the blood. An intravenous injection is recommended in emergencies when bleeding has begun or is threatened. Intramuscular or subcutaneous injections are indicated for control of low prothrombin levels when bleeding is not present. *AquaMEPHYTON* counteracts coumarin and inandione anticoagulants and is indicated to treat or prevent hypoprothrombinemia resulting from vitamin K deficiency, hepatic disease and the toxic effects of agents such as salicylates and phenylbutazone. Dosage, route and rate of administration depend on the purpose of the injection. Available in 1 cc ampules containing 10 mg per cc.

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*Humatin Kapseals* (Parke, Davis) provide oral paromomycin sulfate to control bacterial causes of diarrhea. Practically unabsorbed, its anti-infective action is useful in acute, subacute and chronic intestinal amebiasis, in preoperative suppression of intestinal flora and in adjunctive management of hepatic coma. Adult dosage is 1 to 6 *Kapseals*, three or four times daily. Children receive daily 22 to 100 mg/Kg body weight in divided doses. Each *Kapseal* contains 250 mg of base. Available in bottles of 16.

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# DOCTOR'S BUSINESS

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## **Keep an "ear" on phony stock tipsters**

Doctors are said to be among the major victims of a fast-spreading spurious stock racket. Securities and Exchange Commission officials warn that they can't always keep up with tipsters who sell millions of dollars of worthless securities, mostly by phone. The SEC advises: Don't buy stocks from anyone you don't know. And deal only with a broker from a reputable firm.

## **Doctors set up shop in shopping centers**

If you're looking for a new office, keep shopping centers in mind. According to **The American Druggist**, one out of 20 doctors practices in a suburban shopping area. In the past year approximately 3,000 physicians decided on shopping center locations, a 100 per cent increase over the year before. Advantages are obvious: easy access for patients, easy parking, heavy concentration of family shoppers. Also, shopping centers almost always include pharmacies.

## **Two-way radio to keep in touch**

There's a boom in the sale of two-way radios, and it may have important significance for doctors constantly on the move from office to hospital to patients' homes. Up to now appliance repair firms, taxi operators, utilities and the like have been the main users of the two-way communications systems. Now, more compact and cheaper models are beginning to appear, designed for use by anyone who is away from his office a good part of the time. With them, consultation is possible even though you're several miles from your office. If you're interested, check with any electronics retail outlet.

## **Do-it-yourself office expansion**

If you're thinking of adding a room or office, you may want to investigate the latest in prefabricated panelling units. The 2' by 8' by 1½" partitions are sandwich-like—two sides of pre-finished hardboard enclosing a rigid core of insulating board with high heat- and sound-insulation values. Sold with splines and plates, the partitions are designed for do-it-yourself installation. A variation is a wall panelling of the same dimensions, but finished only on one side for installation over existing walls. Price of the partition is around 95 cents a square foot; for the wall panels, about 38 cents. Information on where to see it is available from the manufacturer: Simpson Logging Company, 2041 Washington Building, Seattle 1, Wash.

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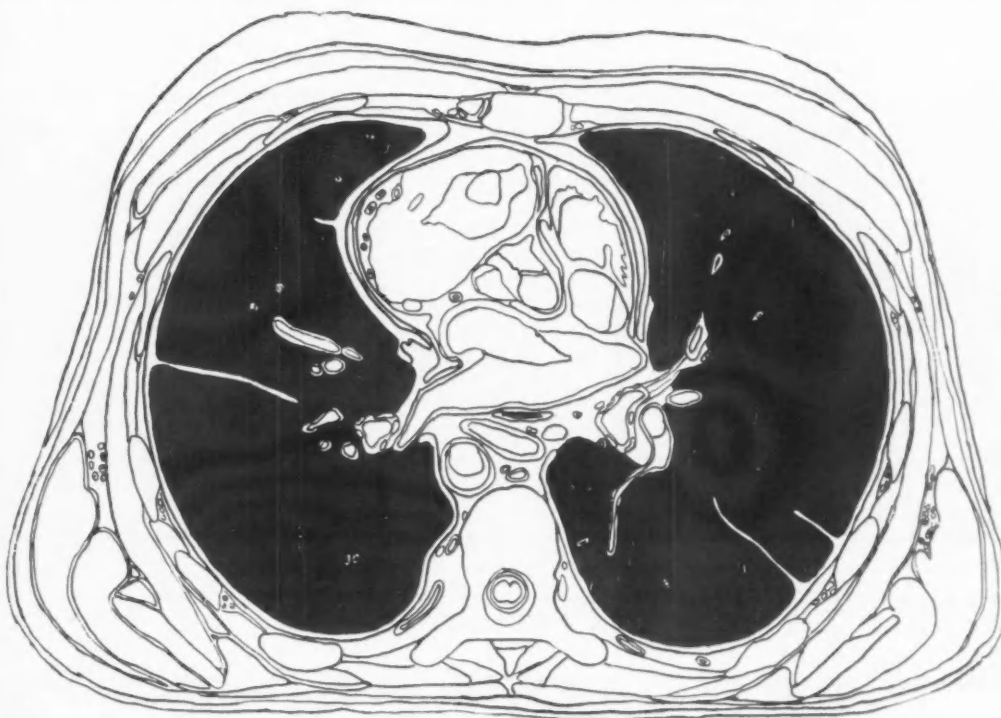


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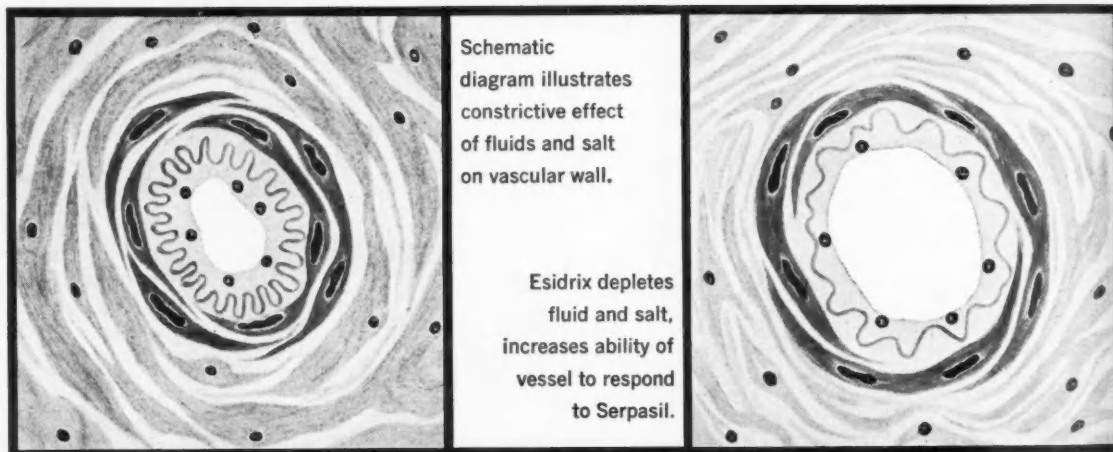
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# Names in the News

## POSTS AND AWARDS

**Dr. Lemuel C. McGee**, medical director, Hercules Powder Company, Wilmington, Del., elected president of Medical Society of Delaware at annual meeting in Rehoboth. The Society's Award of Merit went to **Dr. Joseph B. Waples, Jr.** of Georgetown for 50 years of service "as a distinguished and dedicated physician."

**Dr. Thomas W. McCreary**, Rochester, Pa., installed as president of the Pennsylvania Medical Society at its annual session in Atlantic City, succeeding **Dr. Allen W. Cowley**, of Harrisburg. At the same time **Dr. Whittier C. Atkinson** of Coatesville, was honored by the Society as General Practitioner of the Year.



**Dr. Landrum B. Shettles** of Columbia University, invited to deliver the Green-Armytage Anglo-American Sterility Lecture before the Royal College of Obstetricians and Gynaecologists in London this fall. Dr. Shettles recently stirred up a transatlantic

storm in his sperm shape study debate with Britain's Lord Rothschild (MWN, Aug. 12).

**Dr. John W. Hash**, installed as president of West Virginia State Medical Association. He is chief of general practice at Charleston Memorial Hospital and president of the West Virginia University Medical Alumni Association.



**Major General James Patrick Cooney**, MD, named vice-president for medical affairs of the American Cancer Society. Before his retirement, General Cooney was the U. S. Army's chief surgeon in Europe and a top authority on the medical effects of nuclear explosions.

**Dr. Jack Masur**, named president-elect of the American Hospital Association at its annual meeting in San Francisco. Dr. Masur, assistant surgeon general and director of the Clinical Center of the National Institutes of Health, succeeds president **Frank S. Groner**, administrator of Baptist Memorial Hospital, Memphis, Tenn.

## MEETINGS

- Oct. 17-20** American Academy of Pediatrics, *Chicago*
- Oct. 17-22** Symposium on Diagnosis and Treatment of Acute Radiation Sickness, *Geneva*
- Oct. 19-21** Assoc. of Life Insurance Medical Directors of America, *New York City*
- Oct. 19-23** Symposium on Rheumatic Diseases, *Ixtapan, Mexico*
- Oct. 20-22** Southwestern Medical Association, *El Paso*
- Oct. 21-22** Clinic. Conf. on Cancer of the Uterine Cervix, Endometrium & Ovary, *Houston*
- Oct. 21-22** Symposium on Research Approaches to Psychiatric Problems, *Galesburg, Ill.*
- Oct. 21-22** Southeastern Allergy Assoc., *Atlanta*
- Oct. 21-25** American Heart Association, Inc., *St. Louis*
- Oct. 22-23** Mid-West Forum on Allergy, *Pittsburgh*
- Oct. 23-27** Western Orthopedic Assoc., *San Diego*
- Oct. 23-29** Seventh Pan-American Congress of Gastroenterology, *Santiago, Chile*
- Oct. 24-26** American College of Gastroenterology, *Philadelphia*
- Oct. 24-26** Int'l. Symposium on the Medical & Biological Aspects of Energies of Space, *San Antonio*

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## OBITUARIES

**Dr. Alan Brown**, 73, one of Canada's best-known pediatricians; for 32 years chief physician at Toronto's The Hospital for Sick Children; as professor of pediatrics at the University of Toronto, he helped train 90 per cent of Canada's pediatricians; also co-developer of *Pablum*, all royalties of which are granted to the hospital; Sept. 7, in Toronto.

**Dr. James Russell**, 78, general surgeon in the Victoria Infirmary, Glasgow; originator of orthopedics as a specialty in Scotland; frequent visitor to Lahey and Mayo Clinics in the U. S., his home was a mecca for visiting American surgeons; Aug. 26, in Glasgow.

**Sir Harold Gillies**, 78, known as the father of plastic surgeons in Britain, he "remade" an estimated 10,000 soldiers, sailors and airmen in both World Wars; his patients included King Leopold of Belgium, as well as

many aging actresses of whom he said: "A beautiful woman is worth preserving"; Sept. 10, in London.

**Dr. Genia I. Sakin**, Lithuanian-born plastic surgeon, famed for her operations on Hiroshima atom-bomb victims; a major in Army Medical Corps during World War II, heading hospital plastic surgery sections, she later spent two years in Greece helping war-deformed soldiers; of lymphosarcoma; Sept. 11, in Boston, Mass.

**Dr. Ernest Goodpasture**, 73, former dean of the Vanderbilt University Medical School and scientific director of the department of pathology at the Walter Reed Army Medical Center; his research in the use of live chicken embryos for cultivating viruses resulted in a vaccine for mumps and paved the way for mass production of vaccine against typhus, smallpox and yellow fever; of a heart attack; Sept. 20, in Nashville, Tenn.

## UNITED FUND VS. INDIVIDUAL DRIVES



Morris Fishbein, M.D.

In contrast to the large philanthropies such as The National Foundation, the American Heart Association and the American Cancer Society, the United Fund is wholly a fund-raising organization. Its purpose is to collect money and to then distribute it to the various agencies in the community that have placed their money-raising campaigns into the Fund's hands.

The interests of great national philanthropies, on the other hand, extend beyond the mere collection of funds for research. Outstanding are their broad campaigns of education. Here the public is made aware of diseases of the heart, cancer, rheumatoid arthritis and congenital malformations. Take poliomyelitis, for instance. Until The National Foundation undertook its educational campaigns, polio was known as the most dreaded of all diseases, one which struck fear in the minds of mothers everywhere.

Experience shows that agencies that participate in the United Fund immediately begin lessening their campaigns of education. Indeed, their programs become less effective in other ways as well.

Varying needs arise in relationship to the control of different diseases. Had The National Foundation been limited to specified annual amounts, it could never have devoted the \$20 million necessary to discover the Salk vaccine. Nor could it have given, at the same time, the most necessary support to investigators who were endeavoring to produce a live virus vaccine.

The American Heart Association supports career investigators who could not possibly be induced to devote a lifetime to research under the kind of granting agency represented by the United Fund. It also operates a continuous program of education to physicians on new knowledge in heart disease as well as providing career investigators with the opportunity to

devote a lifetime to research. Its needs should never be subject to a group of financiers whose primary concern is the distribution of money rather than scientific investigations that provide means for the saving of life.

The program of the American Cancer Society is most carefully considered by joint groups of physicians, basic scientists and representatives of the public. This organization supports research, education for future investigators and care of the sick.

### Personalized Giving

None of these accomplishments could be made under the kind of granting agency represented by the United Fund. Only dedicated groups that are found on the boards and committees of these great voluntary organizations and other similar individual philanthropies could give the time and knowledge that they contribute. In the development of the United Fund concept, such groups would soon lose interest, and would indeed separate themselves from the kind of philanthropy they now support not only with funds but also with their own devotion.

It has been said that contributions to the United Fund are quite similar to taxation. Once the heart is taken out of philanthropy, once charity becomes a matter of routine collections without the opportunity of being associated in the spirit of giving with others similarly dedicated, it loses both soul and spirit. The person who gives with knowledge of a specific need thereby revitalizes his own spirit. He experiences the emotion associated with having performed a generous act. This is one of the most highly valued of human emotions. It is an asset too important to be lightly disposed of.

*Morris Fishbein*

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